

TOWN OF TRUMBULL
APPLICATION FOR BUILDING PERMIT



PLEASE FILL OUT IN INK

Date: _____

House Number: _____ Lot Number: _____ Street: _____

Owner: _____ Phone: _____

Owner's Address: _____
Street City State

Email address: _____

PLEASE CHECK ITEMS/ANSWER QUESTIONS BELOW THAT APPLY TO YOU:

Construction: Residential _____ Commercial _____ New _____ Addition _____ Use Group _____

Description: _____

I estimate the value of this work will be: \$ _____ Permit Fee \$ _____

Structure: Frame _____ Brick _____ Concrete Block _____ Other _____

Size of Building _____ Number of Floors _____ Floor Area _____ Zone _____

Foundation: Basement Yes _____ No _____ Walls: Poured Concrete _____ Blocks _____

Is there a building on this lot now? _____ If so, how occupied? _____

Sewer: _____ Septic: _____ City Water: _____ Other Water Supply: _____

Contractor's Name: _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email Address: _____

New Home Construction # _____ Home Improvement License # _____

Architect's Name: _____ Lic #: _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email Address: _____

I HEREBY MAKE APPLICATION FOR A PERMIT TO DO WORK IN ACCORDANCE WITH THE CONNECTICUT STATE BUILDING CODE IN EFFECT AT THE TIME OF APPLICATION AND WITH ANY AND ALL REGULATIONS OF THE TOWN OF TRUMBULL.

Applicant's Signature: _____ Applicant's Printed Name: _____

Address: _____ Phone: _____

THE PROPOSED WORK IS AUTHORIZED BY THE OWNER-IN-FEE AND THE UNDERSIGNED IS AUTHORIZED BY THE OWNER-IN-FEE TO MAKE THE APPLICATION FOR BUILDING PERMIT.

Agent of owner's signature: _____ Agent of Owner's Printed Name: _____

DATE: _____

PERMIT #: _____

Address: _____

Description of Work: _____

Departmental Approval for Building Permit

Required

☐ **Planning** _____

☐ **Zoning** _____

☐ **Z.B.A. Letter:** _____ **Date Recorded:** _____

☐ **Engineering** _____

☐ **Inland Wetlands** _____

Flood Plain? Yes ☐ No ☐

☐ **W.P.C.A.** _____

☐ **Health Department** _____

☐ **Fire Marshal** _____

☐ **Tax Collector** _____

Value: _____

Permit Fee: _____

State Education Fee: _____

C.O. Fee: _____

Total Permit Fee: _____